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GOWER
Rural District Council



Annual Report

FOR THE YEAR
1947

by

G. E. DONOVAN

M.D., M.Sc., D.P.H.

Medical Officer of Health

PONTARDULAIS:
"Llwchwr Gazette" Office, 6, St. Michael's Avenue,
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Gower Rural District Council

Chairman : Councillor PHILIP P. JONES, B.A.

Vice-Chairman : Councillor W. G. TUCKER, J.P.

Councillors :

P. T. WILLIAMS.	G. T. R. TAYLOR, J.P.
Ald. W. H. DAVIES, J.P.	W. A. DAVIES.
F. C. BAYLISS.	C. M. GODBEER.
W. E. DAVIES.	A. J. GRIFFITHS.
WILLIAM AUSTIN, J.P.	J. B. ROGERS.
T. A. STEPHENS.	SAMUEL GRIFFITHS.
P. J. DAVIES.	J. W. THOMAS.
Col. F. S. MORGAN, C.B.E.	A. VOYZEY.
S. E. JOHN.	H. V. WATTERS.
LLEWELLYN DAVIES.	W. R. WILLIAMS.
IVOR DAVIES.	GLYN A. GROVE.

Public Health Committee.

Chairman : Councillor WILLIAM AUSTIN, J.P.

Vice-Chairman : County Councillor W. H. DAVIES, J.P.

Maternity and Child Welfare Committee.

Chairman : Councillor P. T. WILLIAMS.

Vice-Chairman : Councillor F. C. BAYLISS.

Public Health Officers.

Medical Officer of Health.

G. E. DONOVAN, M.D., M.Sc., D.P.H.

Sanitary Inspector.

G. A. JONES, M.S.I.A.

Health Visitor.

W. SNOOK, R.F.N., S.R.N., C.M.B., H.V.Cert.

Clerk.

P. TUXWORTH.

Garngoch Isolation Hospital.

Medical Superintendent—G. E. DONOVAN, M.D., M.Sc., D.P.H.

Matron—L. DENNIS, R.F.N.

Gower Rural District Council

Public Health Department,

Council Offices,

Gorseinon.

To the Chairman and Members of the

GOWER RURAL DISTRICT COUNCIL.

Gentlemen,

I have pleasure in presenting to you my Annual Report for the year 1947, which is the eighth of its series.

This is the last Report I shall be making as full-time Medical Officer of Health for the Gower Area. I wish to state that I have been very happy working with this Council. I have had the fullest co-operation from the officials, and also from the Council.

I wish to thank especially my own staff and also thank everyone for making this post such a happy one.

I wish to acknowledge the co-operation which I have received from Dr. A. R. Culley, County Medical Officer of Health, and Dr. T. W. Wade, Chief Medical Officer of the Welsh Board of Health.

Your obedient servant,

G. E DONOVAN,

Medical Officer of Health.

INTRODUCTION.

The object of Public Health is to produce a community who have sound minds in healthy bodies. At the present time the tendency is to produce the sound bodies. There is an interaction between body and mind and psychological factors which produce neurosis are able to set up physical defects in a human body.

The Medical Officer of Health, in the present state of society, is mainly concerned with the interaction between germs and viruses in the human body. For instance, the Typhoid Bacillus causes infection in the human being. This is a very important function of the Medical Officer of Health.

It must be realised that 70 per cent. to 80 per cent. of people who crowd to the surgeries of General Practitioners are suffering from neurosis rather than a physical defect. These people actually suffer from symptoms, but the symptoms are really due to psychological causes. The amount of invalidism, discontent and unhappiness due to psychological causes outweigh all the others. At the present time, very little is done for these people.

SOCIAL CONDITIONS AND INDUSTRIES.

The Gower Area is chiefly agricultural with the exception of the North Eastern end of the Peninsula, which is industrial in character.

There is one Colliery at Three Crosses which employs approximately 150 men ; these are drawn from the surrounding area.

A large percentage of the male population find employment in the Llwchwr area where they are engaged in the Steel, Tin and Coal trades.

At Penclawdd, the cockle industry absorbs approximately 200 people, and it is in a thriving financial condition.

AREA AND POPULATION.

The District is divided into 17 parishes, the acreage of each parish being as follows :—

Bishopston		2598 acres.
Llanmadoc		1463 acres.
Cheriton		1427 acres.
Ilston		3109 acres.
Reynoldston		1069 acres.
Knelston		548 acres.
Llangennith		3373 acres.
Llanrhidian Higher		5212 acres.
Llanrhidian Lower		6125 acres.
Nicholaston		517 acres.
Penmaen		1005 acres.
Oxwich		1342 acres.
Pennard		2862 acres.
Penrice		2127 acres.
Porteynon		1151 acres.
Llandewi		2010 acres.
Rhossilli		2215 acres.
		38153 acres.

The estimated resident population of the district for 1947 is given by the Registrar-General as 10,920.

The number of inhabitated houses at the end of the year was 3,091, and the rateable value of the district was £35,190, which represents a sum of £127 as the yield of a penny rate.

BIRTHS.

The number of live births registered for the district during 1947 was 216, being 101 males and 115 females, representing a birth rate of 19.8 per thousand of the estimated population. This rate is slightly lower than that recorded for England and Wales which is given as 20.5 per thousand of the population. In 1946 the net total births amounted to 201, with a birth rate of 18.6 per thousand of the population ; thus this year, there is an increase of 15 births, or 1.2 above the rate recorded for the preceding year.

Three male illegitimate children were registered and three females, a proportion of 27.7 per thousand registered live births.

The stillbirths numbered 8, that is 4 males and 4 females, which is equivalent to a rate of 35.7 per thousand total (live and still) births.

DEATHS.

The net total deaths after allowing for inward and outward transfers was 133, 74 males and 59 females. This represents a death rate of 12.2 per thousand of the population, and is slightly higher than the figure of 12.0 per thousand of the population given for England and Wales. 128 deaths occurred during 1946, giving a death rate of 11.8 per thousand of the population ; thus this year there is an increase of 5 deaths, or 0.4 above the rate recorded for the preceding year.

There were 7 deaths in children under 1 year, during 1947, which gives an Infantile Mortality rate of 32 per thousand total live births. The rate for England and Wales is 41.

No illegitimate children died under the age of 1 year. 7 legitimate children died under the age of 1 year, representing a death rate of 33.3 per thousand legitimate live births.

No deaths occurred in the area due to Puerperal Sepsis or other maternal causes.

No deaths occurred from Diarrhoea and Enteritis under the age of 2 years. The rate for England and Wales was 5.8 per thousand live births.

Six deaths were due to Pneumonia, 1 to Influenza, 4 to Bronchitis, and 5 from other forms of Respiratory Diseases, giving a total of 16 deaths from all forms of Respiratory Diseases, apart from Tuberculosis, giving a death rate of 1.4 per thousand of the population.

Seven deaths were registered from Tuberculosis of the Respiratory system, and 1 from other forms of Tuberculosis, giving a death rate of 0.7 per thousand of the population.

Five deaths were registered from Violence apart from Suicide, there being no Suicidal deaths.

Cancer and all other forms of malignant disease caused 15 deaths, giving a death rate of 1.3 per thousand of the population.

The rates of deaths from Infectious Diseases in 1947 are as follows :—

Diseases.	Gower. No. of Deaths.	Gower. Rate per 1,000 population.	England & Wales. Rate per 1,000 population.
Small Pox	 0	0.00	0.00
Scarlet Fever	 0	0.00	0.00
Whooping Cough	 0	0.00	0.02
Diphtheria	 0	0.00	0.01
Measles	 0	0.00	0.01
Typhoid and Paratyphoid	 0	0.00	0.00
Influenza	 1	0.09	0.09
Cerebrospinal Fever	 0	0.00	Not available.

INFECTIOUS DISEASES.

There was no case of Diphtheria during the year. It may be stated that the incidence of Diphtheria in this area is low due to the extensive Immunisation Campaign.

Diphtheria Immunisation.

Diphtheria Immunisation has been one of the most successful and most satisfactory duty of the Medical Officer of Health.

We now immunise children at the age of 8-9 months and have their immunisation completed before they reach the age of one year. A booster dose is given before the child goes to school.

It cannot be too strongly stressed that Diphtheria Immunisation gives nearly 100 per cent. protection and that in my opinion a parent or guardian who knowingly deprives a child of this protection is guilty, to say the least, of gross negligence, and that is using a mild term. There is no reason why anyone in this area can state that they are not aware of the facilities available to them for immunisation. Most of the children have been immunised by myself.

Scarlet Fever.

Four cases of Scarlet Fever were notified to my department during the year.

The removal of cases of Scarlet Fever to Isolation Hospital in this district, depends upon home conditions. If the home conditions are such that in the opinion of the Medical Officer of Health it is safe to nurse the patient at home, this is done, but if the home conditions are not so, the patient is admitted to Garngoch Isolation Hospital.

Anti-Toxins.

Supplies of Scarlet Fever and Diphtheria Anti-Toxins are stored at the Police Stations in the district ready for use by any of the General Practitioners.

Pneumonia and Influenzal Pneumonia.

One case of Pneumonia was notified during the year, giving a rate of 0.09 per thousand of the population. The rate recorded for England and Wales was 0.79 per thousand of the population.

Respiratory Infection.

A very great cause of respiratory infections is due to the fact that people cough and sneeze without putting a handkerchief in front of their noses and mouths to prevent the germs spreading.

It is also a fact that railway carriages, buses, etc., tend to be overcrowded and during a journey one individual with a respiratory disease tends to infect a whole lot of people travelling with him.

A person who has a respiratory disease such as a common cold, should not travel, if it can possibly be avoided, in public vehicles or go to the cinema or other places of amusement. Such an individual should not go to work if it can possibly be avoided, as the effect of his action will be to infect those he comes in contact with, and instead of one being laid-up, it is possible that there could be many.

It may be possible in the future to cut down these respiratory infections by means of immunisation, air disinfection and sterilisation by means of ultra-violet light, etc.

Cancer.

In Wales, the death rate from Cancer of the Stomach is higher than in the rest of the country. This is probably due to the dietetic habits of the people. It may be looked upon that the proneness of Cancer of the Stomach is due to the fact that parents transmit, by example and precept, to their children, these dietetic habits which would be responsible for the high incidence of Gastric Cancer.

Scabies.

Scabies are treated in this area by the Benzyl Benzoate treatment, which is supervised by the Health Visitors. Cases are brought to our notice by the County Medical Officer of Health, Local Medical Practitioners, Health Visitors, and by direct application by the patients, who are very appreciative of the facilities given to them.

Venereal Diseases.

Venereal Disease is a menace to public health. One of the best means of reducing its incidence is by very generous propaganda. The Ministry of Health has carried out such propaganda throughout the country. The Glamorgan County Council is co-operating to the fullest degree with the local authorities. We are co-operating whole-heartedly with this V.D. campaign.

Many cases are brought to the notice of the public health department. Those who are not attending for treatment are contacted and encouraged to attend a V.D. clinic Contacts are also requested to attend a clinic.

Wasserman Blood Tests are being done as a routine in our Ante-Natal Clinics, and the samples of blood are sent to the Cardiff and County Public Health Laboratory.

The nearest clinics for this area are held at Swansea and Port Talbot, and the sessions are as follows :—

Swansea Clinic (Situate at Swansea General and Eye Hospital :—

Males—Monday, 2 p.m.
Tuesday, 7.30 p.m.
Friday, 10.30 a.m.

Females—Thursday, 1 p.m.

Port Talbot Clinic (Situate on the right hand side of the road immediately opposite the exit from G.W.R. Station) :—

Males—Monday, 2.30 p.m. to 4.30 p.m., and 5 p.m. to 8 p.m

Thursday—10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Females—Wednesday 10.30 a.m. to 1 p.m., and 2 p.m. to 4 p.m.

Thursday 5 p.m. to 7 p.m.

Rickets.

Rickets is a very easy disease to prevent by means of Vitamin D which is given to all children. A good lot of the defects in child birth is due to a woman having a distorted pelvis due to rickets. By treating the very young, much future disability can be prevented in a woman, and not only to her, but to her future child.

Care of Teeth.

In previous reports I have stressed the importance of Vitamin D, and the importance of food from the point of view of dental caries. There has lately been research on the importance of fluorine in the water supply from the point of view of dental caries. Some authorities advocate that fluorine should be incorporated in tooth paste. The evidence is not conclusive, but holds promise.

Whooping Cough Immunisation.

There are encouraging reports about the value of whooping Cough Immunisation. In the past it was futile to immunise against Whooping Cough as there was no efficient immunising agent. Recently, there has appeared such an agent. This immunisation, in its present stage, would reduce the death rate to 2/3 of its former level and would render the disease, when it would occur, in a milder form.

It is hard to get statistics on the death rate due to Whooping Cough, as it is the complications of Whooping Cough which kill. These complications are Broncho-Pneumonia, etc. Whooping Cough is a common cause of Bronchiectasis which later gives rise to chronic invalidism and eventually death. Whooping Cough is a most distressing disease, and no-one who has seen a young child in the paroxysms of Whooping Cough can help but feel the greatest pity for such a child.

I propose and suggest that we go ahead with Whooping Cough Immunisation. It will also have the great advantage that we can do, at the same time, those children who have not been immunised against Diphtheria.

Poliomyelitis Epidemic.

An outbreak of Poliomyelitis occurred during the summer months of 1947. One case of Poliomyelitis was notified in this area.

The epidemic was unusual for this country, not only in its severity, but in the syndroneness which it caused. Non-paralytic and often ambulant cases play a much greater part in the spread of Poliomyelitis than the frankly paralytic patient confined to hospital. It was observed that there was an association between great exertion in the pre-paralytic phase of the illness and a severe degree of paralysis. Diagnosis in the early stages of the disease is of the utmost importance for the patient's future as well as for the limitation of infection. Diagnosis in the early stages of the disease is difficult, but whether the patient's first complaint is of pain resembling rheumatism or there is a suggestion of the possibility of the benign type of meningitis, any continuance of physical activity is unwise.

During the outbreak, all the Medical Practitioners in the area were circularised and given the physical signs and symptoms of the disease in its early stages.

The public were warned by propaganda of the precautions they should take. Due to these actions, we were very lucky in this area.

ANALYSIS OF NOTIFIABLE DISEASES (other than Tuberculosis) during the year 1947.

Diseases.	Number of Cases.													Total number of cases admitted to Garngoch Isolation Hospital.	Total Deaths.
	At all Ages	Age Periods.													
		Under 1 Year	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over		
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	4	...	...	...	1	1	2	...	...	...	...	...	...	3	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	1	...	...	...	...	...		...	...	1	...	...	...	1	...
Pneumonia	1	...	...	...	...	...	1	...	...	...	...	...	...	...	6
Erysipelas	1	...	...	...	...	...	...	...	...	1	...	...	...	..	...
Cerebrospinal Fever ...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Polioenchephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	20	2	...	3	1	3	10	1	...	...	...	...	...	...	...
Whooping Cough ...	5	1	2	...	...	2	...	...	...	...	...	...	...	...	...
Pemphigus Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Poliomyelitis	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...

TUBERCULOSIS.

9 cases of Pulmonary Tuberculosis and 6 of other forms of Tuberculosis were notified during 1947. The total number of deaths registered from all forms of Tuberculosis was 8.

The existing arrangements between the Medical Officers of the King Edward VII Welsh National Memorial Association and the General Practitioners of the district appears efficient and satisfactory. All new cases are, as a rule, referred to the Tuberculosis Physician for confirmation of diagnosis, treatment, and for continued observation of progress.

Certain cases are eligible for financial help, and those that are not, but who need financial help are referred to the Public Assistance Authorities.

On receipt of a notification of surgical tuberculosis, the sanitary inspectors automatically check up on the milk supply from which district the notification is received.

To wipe out Tuberculosis from a community, it is necessary to have prompt diagnosis. This depends upon competent general practitioners, competent Tuberculosis Services with mass radiography, and sanatoria for the prompt isolation of suspected and early cases and the segregation of those who are suffering from the disease and liable to affect others. Unfortunately, there are many factors which militate against this. Whole wards of sanatoria are closed down due to lack of staff. Another factor which tends to propagate Tuberculosis, especially among the young, is milk which contains the Tubercle Bacillus. Pasteurisation, T.T. Herds, etc., could render milk safe against Bovine T.B.

On the Continent, a lot of work has been done on artificially immunising young children against T.B. by means of B.C.G. Vaccine. This means that the child is given a very attenuated form of T.B. which is so weak that it does not cause the disease but gives the child immunity. It is probable that control experiments will be done in these islands to test the practicability of these methods.

Tuberculous Meningitis.

Streptomycin is a promising biotic agent for the treatment of T.B. Meningitis. The results so far are not too good. Its real value is that it will eventually lead to the development of other agents which should be curative in the early stages.

Particulars of new cases of Tuberculosis and deaths from the disease are given in the following Table :—

NEW CASES AND MORTALITY DURING 1947.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	...	...	...	...	...
1—	...	...	...	...	...	...	...	...
5—	1	1	2	2	...	1	...	...
15—	...	4	1	1	...	2	...	...
25—	1	...	...	...	1	...	1	...
35—	1	...	...	...	...	1	...	...
45—	...	...	...	...	1	...	...	...
55—	1	...	...	...	1	...	...	...
65 and upwards ...	...	...	...	...	...	...	...	...
TOTALS ...	4	5	3	3	3	4	1	...

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken under this regulation during the year 1947, relating to Tubercular employees in the milk trade.

PUBLIC HEALTH ACT, 1936, SECTION 172.

No action was taken under this section during the year 1947.

RHEUMATIC FEVER.

I previously mentioned about the dangers of Rheumatic Fever and about the necessity of having this disease made compulsorily notifiable so that its general prevalence should be brought to the attention of the public and that suitable action be taken for its control. Since then, the disease, by an order of the Minister of Health, has been made notifiable in the Bristol-Gloucester area. This has been done to get sufficient data. It is probable that eventually the same action will be taken throughout the whole of the country. If this is done, the incidence of heart disease will be greatly diminished.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

Pathological and Bacteriological examinations are made by Dr. Sladden at the " Beck " Laboratory, Swansea. All Medical Practitioners within the district can have any sample examined free of cost, the cost being borne by the Council.

Ambulance Facilities.

(a) **For Infectious Cases.**—A Motor Ambulance is provided for the removal of Infectious Cases to the Isolation Hospital.

(b) **For Non-Infectious Cases, Accident and Maternity Cases.** The St. John Ambulance at Swansea and Gowerton can be obtained by any member of the public upon payment, if such a member is not a contributor.

Nursing in the Home.

General.—For ordinary sickness or accident the service of the Queen Victoria Memorial Association Nurses is available in the area. These nurses are paid by the District Nursing Association.

Premature Babies.

Arrangements have been made with the local hospitals that take in Maternity Cases in this area, to keep in hospital any infant who is born prematurely. The child is not sent home until it is up to the average weight. If a child is born prematurely at home, the home is visited by the Health Visitor, and if the child requires institutional care, it is immediately sent to the West Glamorgan County Hospital, Penrhiwtyn. If it is safe for the child to stay at home, the Maternity and Child Welfare Authority co-operates in providing blankets, hotwater bottles, etc.

Illegitimate Children.

All these cases are carefully supervised by the Health Department, and suitable institutional treatment is provided if required. The unmarried mother is encouraged to keep her own child if possible, when the home difficulties with the grandparents of the child are smoothed out. It is very desirable that the mother should keep the child as long as possible as no institution is equivalent to even a fair natural affection from the baby's mother. Some cases must be adopted, and the Public Health Department co-operates in seeing that the child is suitably adopted.

Many enquiries are made by adoption societies about the suitability of prospective foster parents in this area. All these cases are thoroughly investigated, and a confidential report is sent to the adoption society.

German Measles and Congenital Defects.

There is evidence that if an expectant mother, up to the fourth month of pregnancy, contracts German Measles, it can affect the developing child in her womb. Such unborn children have a tendency to develop congenital cataract, and some of them even die.

Such information is of value as it is very important for a pregnant woman, in the early stages of pregnancy, not to come in contact with a case of German Measles.

INFANT MORTALITY RATE.

The Infant Mortality Rate is a very good index to the social circumstances of an area as the rate tends to be high in places where bad housing, overcrowding, defective sanitation, maternal ignorance and neglect, prevail.

The figures for England and Wales in 1939, for the death rate per thousand births were :—

Under 1 day	10.23
1—7 days	10.87
1—4 weeks	6.99
1—3 months ...	7.22
3—6 months	7.02
6—9 months	4.4
9—12 months	2.92

The three principal causes of death which account for about ¾ of the total death roll are :—

1. Developmental conditions including birth injury, prematurity, debility, convulsions, malformations, etc.
2. Respiratory Diseases
3. Gastro-Enteritis.

Health Visitors.

In the opinion of the Medical Officer of Health, Home Visiting on the part of the Health Visitors is their most important function. In certain continental countries, the very low infantile mortality rate is attributed to their home visiting. Clinics have their value and their use, but home visiting on the part of the Health Visitors is most important.

Clinics and Treatment Centres.

There are five Infant Welfare Centres in the district :—

Dunvant—held on alternate Tuesdays.
Bishopston—held on alternate Thursdays.
Penclawdd—held on alternate Wednesdays.
Llanmorlais—held on alternate Wednesdays.
Reynoldston—held on alternate Tuesdays.
Killay—held on alternate Thursdays.
Rhosilli—held on alternate Mondays.

The attendance at the Clinics during 1947 was as follows :

		Infants.
Dunvant	No. on Register	102
	Average Attendance	60
Bishopston	No. on Register	94
	Average Attendance	46
Penclawdd	No. on Register	112
	Average Attendance	63
Llanmorlais	No. on Register	78
	Average Attendance	38
Reynoldston	No. on Register	38
	Average Attendance	22
Killay	No. on Register	76
	Average Attendance	45
Rhosilli	No. on Register	36
	Average Attendance	20

Ante-Natal Clinics.

Ante-Natal Clinics are held monthly at Penclawdd and Bishopston. The Midwives attend these clinics with their patients, and the clinics are integrated with the County Ante-Natal Clinic at the West Glamorgan County Hospital, Penrhiwtyn.

School Clinics.

The School Clinics in the district are held at the Gowerton Schools, where the children are treated periodically by the Education Authorities' Medical Officers.

Tuberculosis Clinics.

The treatment of Tuberculosis is in the care of the King Edward VII Welsh National Memorial Association and patients suffering from this disease attend the dispensary at 10, Grove Place, Swansea.

Sanatorium accommodation for the patients of this district is provided at the various Sanatoria in Wales, there being no local sanatorium.

Garngoch Isolation Hospital.

Infectious cases in this district are treated at the Garngoch Isolation Hospital, where the facilities provided lend themselves to the adequate nursing of the various cases which are admitted.

During the year, the number of cases admitted comprised of 3 cases of Scarlet Fever, 1 case of Puerperal Pyrexia, and 1 case of Poliomyelitis.

The availability of plentiful supplies of Penicillin has made the medical treatment of some of these patients more satisfactory, but the nursing more difficult, as the Penicillin has to be injected every three hours both night and day.

Vaccination.

Vaccination against Smallpox is not necessary as a routine as the public are protected by the medical examinations which occur at the seaports and airports. It is probable, at the present time, that the risks incurred by vaccination are greater than the risk of getting Smallpox. If, by chance, Smallpox does break out in this district, the balance in favour of non-vaccination is immediately upset, and the risk of getting Smallpox is very much greater than the risks due to vaccination. In such circumstances, it is desirable that there should be immediate mass vaccination in the area.

Hospitals.

The Hospitals where treatment is available for the inhabitants of the district are as tabulated below :—

Hospitals.

The Hospitals where treatment is available for the inhabitants of the district are as tabulated below :—

Hospital.	Situation.	Purpose.	Beds.
Gorseinon General Hospital.	Gorseinon ...	General and Maternity ...	Medical and Surgical. (60 beds). Children (10 Cots). Maternity (10 Beds). Ear. Nose and Throat.
Swansea General and Eye Hospital.	Swansea ...	General ...	Medical and Surgical. Children. Ear, Nose and Throat. Venereal Disease.
Llanelly and District General Hospital.	Llanelly ...	General ...	Medical and Surgical Children. Ear, Nose and Throat.
West Glamorgan County Hospital.	Neath ...	General and Maternity ...	
	Bridgend ...	Mental ...	
	Hensol Castle ...	Mental ...	
Garngoch ...	Garngoch Common ...	Isolation ...	Infectious Diseases. 28 Beds, 4 Cots.

Midwifery and Maternity Service.

There has always been controversy on whether it is more desirable for a woman to have her baby at home or in hospital. In the opinion of the Medical Officer of Health, this depends upon the circumstances of the case. If a case is normal, and the home conditions good, and there is a good midwife and a good doctor in attendance, there is a certain advantage in having the baby at home as the danger of infection would be very much less.

Occasionally, there are outbreaks of Gastro-Enteritis in Maternity Hospitals which cause a severe mortality rate

among the infants. This disease is a virus one. It probably could be prevented by isolating each infant in its own cubicle and by special precautions for preventing infection.

If the home conditions are really bad, or if the case is a complicated one, and if the immediate danger is greater than that which normally would be in hospital, one chooses the lesser risk which would be hospitalisation.

Health Education.

A good lot of disease is due to the lack of knowledge. One of the duties of a Public Health Department is to educate the people in health matters. This is done mainly through the clinics or personal contact, and also with propaganda such as bills, etc. This health propaganda must be done judiciously as, if it is wrongly done, it makes people too much aware of their bodies and suggests to them that they are suffering from diseases which they are not. It would, consequently, tend to set up neurosis. Every Medical Officer of Health is aware of this, and consequently designs his propaganda to get the maximum good effect without the ill effects.

The Public Health Department has tended, in this area, to become a general information bureau on matters directly and even indirectly affecting health. Doctors are constantly ringing up for information, and people are constantly calling for information. A great deal of time is taken up in answering these enquiries.

Diet and Resistance to Infection.

The generally held opinion is that an inadequate diet, especially in protein, adversely affects the capacity to respond to infection. Experimental proof is now available that it is much more difficult to produce resistance to infection by artificial immunisation in animals kept on a grossly protein deficient diet than in normal animals. The lessons for human beings are obvious.

Home Help Service.

There is no Home Help Service in this area. The need for this service in our area is not as great as it is in large cities. This is due to the fact that in large cities the mutual help given by neighbours to neighbours in time of illness is very poor. In our area, there is a tradition for mutual assistance, and neighbours help neighbours in time of crisis.

In spite of this, certain difficulties arise. If, in the opinion of the Medical Officer of Health, the home conditions are

such in a confinement case,, that it is dangerous for the mother to be delivered at home due to lack of help, etc., arrangements are made for the case to be admitted to hospital, and if there are young children who cannot be cared for, arrangements are made for them to be admitted into a suitable institution.

Institutional Provision for Unmarried Mothers, Illegitimate Children and Homeless Children.

Provision for unmarried mothers, illegitimate infants. and homeless children is provided for by the respective Public Assistance Authorities at Pontardawe and Penmaen.

Health Visitors.

During the year the Health Visitor paid :

1. To Expectant Mothers	First Visits	19
	Total Visits	34
2. To Children under 1 year of age	First Visits	195
	Total Visits	923
3. To Children between the ages of 1 and 5 years	Total Visits	1191

Infant Life Protection. Children and Young Persons Act, 1932.

Any cases coming under the Children and Young Persons Act, 1932, are reported by the Health Visitors.

Orthopaedic Treatment, etc.

In an authority like this which is responsible for the care of children of pre-school age, every attempt is made to have any defects corrected as soon as possible. Cases are referred to the Orthopaedic, Ear, Nose and Throat and Ophthalmic Clinics of the Glamorgan County Council for examination and treatment. It is easier and better public health to correct them while they are very young and not wait until school age.

Children with Bad Eyesight.

It is absolutely necessary to diagnose a child with bad eyesight as soon as possible. Such a child cannot compete on equal terms with his companions and causes disappointment to him and his parents. Boys often become bad tempered and rebellious, and girls unhappy. Discord at home

mounts until it is suggested that the child should have his eyes tested. Bad eyes often cause headaches even in young children. Red eyelids, watery eyes, styes and habitual blinking should lead to examination.

When the vision of the two eyes is unequal, it may be necessary to wear an occluder for a part of the time. The squinting child must be treated for many years by glasses, and covering the stronger eye until the child is about four years old, when special training treatment can begin. If an operation proves necessary, it is best undertaken at 7 or 8 years of age, before school life starts in earnest.

Worms.

The Medical Officer of Health has come across many cases of Thread Worms in children of pre-school age. The incidence of this is probably very high, and as far as the Medical Officer of Health knows, there has never been an accurate survey done throughout this country on the incidence of Thread Worms. These worms cause irritability and ill-health in children. It deprives the child of the restful night's sleep to which it is entitled. To tackle this problem, it would be necessary to take rectal swabs, to find the Thread Worms and their eggs. It is probable that if such a survey was done, it would prove of value. The Medical Officer of Health is inclined to the view that the prevalence must be very great.

D.D.T.

The advances in medicine are great. D.D.T. gives us an agent which can control fairly effectively Lice, Fleas and Flies, etc. The importance of this can be appreciated.

WATER SUPPLIES.

65 per cent. of the area is served by the Council's main . the remaining 35 per cent. draw water from deep and shallow wells—most of these wells are potentially a source of danger to Public Health. There are extensions of the pipe supply now going on in the Ilston, Oxwich, Penrice and Reynoldston parishes ; these are part of the proposed comprehensive Water Scheme.

Number of Samples taken :

Number.	Results.
2	Satisfactory.
3	Fairly Satisfactory.
1	Doubtful purity.

MILK.

Milk is a most nutritious food, but it is also a very dangerous food. It could spread diseases like Tuberculosis, Typhoid, Germs like Brucella Abortus which cause contagious abortion in cattle, and in human beings a chronic illness which shows symptoms somewhat allied to Rheumatoid Arthritis.

Milk should come from healthy cattle, and be collected and distributed under the most hygienic conditions. Due to human frailty and error, it is also advisable that it should be pasteurised. This does not mean that one is advocating that the milk can be prepared under any conditions. It means that we should strive for the cleanest possible milk, and then, as a further precaution, pasteurise it. In an area like ours, I strongly advise that all milk should be heat treated before giving it to the young. The only effect of pasteurisation is to slightly change its taste, which the normal person will not notice. It cuts down the Vitamin C content and probably slightly affects the Calcium level. The slight loss of Vitamin C can be made up with Orange Juice, and the individual will get plenty of Calcium in his other foods.

During the year 18 samples of milk produced in this area were submitted for the Tuberculosis test, the results of which were all negative.

More sampling of milk for the presence of Tubercle Bacilli could be carried out but at present the number of samples which can be forwarded to the laboratory are limited by the County Council, due to the shortage of Guinea Pigs.

MILK SAMPLES.

Bacteriological samples of milk were taken on 18 occasions and found to be :—

14 Satisfactory.
4 Unsatisfactory.

ICE-CREAM.

It is a fairly common belief that freezing kills bacteria. Actually it is a good method of preserving their life for long periods.

It can be seen that there is a great danger if Ice-cream is made from materials which contain pathogenic organisms. What is even more dangerous is the actual introduction of organisms by insanitary methods of handling.

There have been numerous outbreaks of intestinal infection throughout the country due to Ice-cream, and consequently regulations have been in existence for some years requiring the registration of premises used for the preparation of Ice-cream . These premises should be periodically inspected. Laboratory tests for cleanliness are desirable, but, unfortunately, there is no known test which is sufficiently reliable for use as a statutory test of its contamination with non-pathogenic organisms.

At the present time, a good idea of the hygienic quality of Ice-cream can be got by doing a total bacterial count, coliform count, and the identification of the coliforms if of excremental type or otherwise.

It is very desirable that Ice-cream should be heat treated before being frozen.

Samples are taken by the Sanitary Inspector and submitted to the County Laboratory for examination.

HOUSING.

The housing position is still very acute due to the fact that no houses have yet been erected. The need for houses is more acute in the industrial areas, viz., Penclawdd and Dunvant, from where 150 applications have been received for Council Houses. The Graig-y-Coed and Parc Estate Camps are still in occupation and are likely to continue for quite a long time. There are 60 families at Graig-y-Coed and 32 at Parc Estate with a total population of approximately 250 persons. These people are living under very unsatisfactory conditions.

During 1947 there was a total of 350 applications for Council Houses, and this shows the very dire need for accommodation existing in the area.

SALE OF FOOD AND DRUGS ACT, AND MILK AND CREAM REGULATION.

The duties of inspection under the above acts are entrusted to the officers of the County Police, of and above the rank of Sergeant.

Through the kindness of Superintendent Pugh, I am able to give the following particulars of samples taken and sent to the Public Analyst to be analysed under the Food and Drugs Act, etc., in the Gower Rural District during 1947:—

New Milk	 31	Coffee	 2
Butter	 2	Oat Food	 1
Margarine	 2	H.P. Sauce	 2
Vinegar	 5	Stuffing	 1
Semolina	 1	Black Currant Flavour	
Baking Powder	 1	Cordial	 1
Cheese	 1	Pickles	 1
Cake Mixture	 1	Raising Powder	 1
Gravy Browning	 1	Gravy Powder	 1
Macaroni	 1		
		Total	56

These samples were collected at Penclawdd, Llanmorlais, Three Crosses, Killay and Dunvant, and of the 56 samples taken, 52 were certified by the Public Analyst as genuine.

Three samples of milk were found to be deficient in milk fat and one sample of Cake Mixture was found to contain meal mites (Tyroglyphus Garinae).

Proceedings were instituted against the Vendors regarding two of the milk samples, but in the case of the other sample of milk, which was only slightly deficient in milk fat, and the sample of Cake Mixture, letters of warning were sent to the Vendors by the Clerk of the County Council.

SHELLFISH.

I am pleased to state that, at the present time, a quantity of the Cockles in Penclawdd are being steam sterilised. The results, so far, tend to show that this is a satisfactory process. It definitely holds out the hope that steam sterilisation of all the cockles would make the Penclawdd Cockle Industry safe from a public health point of view. The sooner the Bye-Laws are put into operation, the better.

APPENDIX

1.—General Statistics.

Area of District—38,153 acres.

Number of inhabitated houses at the end of the year—3,091.

Rateable Value of District—£35,190

Sum represented by 1d. rate—£127.

Registrar-General's estimate of resident population mid 1947—10,920.

2.—Extracts from Vital Statistics of the Year.

Live Births :—

	Total.	M.	F.	
Legitimate	210	98	112	Birth rate per 1,000 of the estimated resident
Illegitimate	6	3	3	population—19.8

Still Births :—

Legitimate	8	4	4	Rate per 1,000 total
Illegitimate	—	—	—	(live and still births) —35.7

Deaths :—

Total.	M.	F.	
133	74	59	Death rate per 1,000 of the estimated resident population—12.2

	Deaths.	Rate per 1,000 total (live & still) births
Deaths from Puerperal Sepsis	—	—
Deaths from other Puerperal Causes	—	
Total	—	

Death rate of Infants under 1 year of age :—

All Infants per 1,000 live births	32
Legitimate Infants per 1,000 legitimate live births	33.3
Illegitimate infants per 1,000 illegitimate live births....	0.0

Deaths from Cancer (all ages)	15
Deaths from Measles (all ages)	—
Deaths from Whooping Cough (all ages)	—
Deaths from Diarrhoea (under 2 years of age)	—